

PREVIOUS EMPLOYER DRUG & ALCOHOL
GOOD FAITH EFFORT - 49 CFR 382.413/40.25
(For use as documentation when information cannot be obtained)

Company: _____

Address: _____

City, State, Zip _____

Phone: _____

Fax: _____

Contact person: _____

STEPS:

1. Call prior employer and record who was contacted. Fax the required release form (with drug and alcohol history questions) signed by the driver.
2. Call the prior employer and record who was contacted. Ask if they received the fax. If they say "Yes", then ask for the information that is required.

If the prior employer refuses to release the information according to 391.23(k)(2), record it below and file with the driver's original release of information.

Prior Employer: _____

Address: _____

City, State, Zip _____

Phone: _____

Fax: _____

DRIVER NAME: _____

Social Security Number: _____

Date of Contact:	Method of Contact?	Name of Contact at Prior Employer
_____	_____	_____
Notes:		

Date of Contact:	Method of Contact?	Name of Contact at Prior Employer
_____	_____	_____
Notes:		